

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5		1				
6	1	1				
7		1				
8		2				
9		1				
10		1				
11	1	1				
12		1				
13		2				
14		1				
15		1				
16	1	1				
17		1				
18		2				
19		1				
20	1	1				
21		1				
22		1				
23		2				
24		1				
25		1				
26		1				
27	1	1				
28		1				
29		1				
30		1				
31		1				
32		1				
33	1	1				
34	1	1				
35		1				
36		2				
37		1				
38		1				
39	1	1				
40		1				
41		1				
42		2				
43		1				
44		1				
45		1				
46		2				
47		2				
48		1				
49		1				
50		1				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52		1										
53												
54												
55												
56												
57												
58												
59												
60												
61												
62												
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95												
96												
97												
98												
99												
100												
TOTAL IND.	9		←		←		←		←		←	
TOTAL DEP.	52		←		←		←		←		←	
TOTAL CLAIMS	60		←		←		←		←		←	